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House of Representatives Committee on Energy and Commerce

Subcommittee on Oversight and Investigations

“Examining the Failures of the Trump Administration’s Inhumane Family Separation Policy.”

Questions for the Record from Dona Abbott

Vice President of Refugee and Immigrant Services

Bethany Christian Services

**The Honorable Greg Walden (R-OR)**

**1. Please describe the process that Bethany Christian Services staff go through in order to work to reunify or place unaccompanied alien children with their family or the most appropriate sponsor?**

Bethany provides case management services to help reunify or place unaccompanied children with their family or the most appropriate sponsor. This includes:

- Minimum of weekly meetings with the child
- Identification and contact of potential sponsor
- Support of sponsor to complete Family Reunification Packet (FRP) and supporting documents
- Continuous updates for the child regarding process of reunification with sponsor
- Set up and support sponsor in completing appropriate background checks
  - Fingerprinting appointment
  - Public records check
  - Online sex offender check
- Submission of recommendation for release of child to identified sponsor to ORR, including a recommendation
- Upon approval of recommendation, the child is prepared for discharge
- The child is discharged within 72 hours of approval of recommendation
- The child is accompanied by a Bethany staff member to meet sponsor
- Staff explains discharge packet and the reunification is complete

**a. What would happen to these children if the ORR program did not exist?**

Before ORR existed, unaccompanied children were under the care and custody of the former Immigration and Naturalizations Services (INS). Many child welfare advocates were concerned about the care children received from INS during the 1980’s and 90’s which led to several lawsuits resulting in the Flores Agreement of

1997. The Flores Agreement established regulations for the humane detention and treatment of unaccompanied children. Several years later, the Homeland Security Act of 2002 (HSA) again addressed the treatment of children and transferred responsibility for their care and custody from DHS to the Office of Refugee Resettlement (ORR) within the Department of Health and Human Services (HHS).

Without the HHS/ORR program, I am concerned that we would return to the treating fleeing and traumatized children as delinquents. Under INS care, children did not consistently receive therapy, an opportunity for regular contact with their parent or sponsor, educational services, developmentally appropriate recreation, access to legal services, and appropriate health care. They were often detained in unlicensed, INS monitored facilities with undertrained correction officers in the role of youth care workers.

ORR maintains a network of shelters and family foster care homes that can provide for the well-being of unaccompanied children. ORR could better provide for the well-being of unaccompanied children by being present with trained child protection social workers at the time the child crosses the border and during the transition to small group shelter or foster family care.

**2. Historically, when a child arrives at Bethany Christian Services, what type of information has been provided to you, as a grantee, particularly with respect to any information regarding a potential separation?**

At the time of referral, each program receives a placement request with the following information, which may be detailed and complete but can also be inaccurate or left blank:

- a. A# (assigned identification “alien” number each child receives when taken into custody)
- b. Name
- c. Date of birth
- d. Age
- e. Gender
- f. Country of Origin
- g. Health (typically lists “good” or any health concerns if noted at health screening)
- h. Where they are being held
- i. Notes (medical concerns, placement information, and separation notes are listed here). If a child has been separated from a biological parent, it is listed in the “notes” section. It is most common for it to read: “Parent separation: Separated from her father (father’s name and A#) due to father’s criminal charges”. Occasionally, there is

more information that may or may not substantiate the separation of the child from its parent, i.e. “separated due to mother’s charges of violent crimes”.

- j. Potential Identified Sponsor

### **3. Who provides you with that information?**

ORR provides Bethany with access to this database via the Unaccompanied Alien Children Portal. The actual information is input by CBP officials.

#### **a. Did this information differ at all during the zero-tolerance period?**

During the zero-tolerance period, the notes section of a placement request began to list “Parent Separation” more frequently. When a child was listed as separated from a parent, the parent’s name and A# were inconsistently included in any separation referral. During the zero-tolerance period, it was common to receive referrals for youth who did not have parent separation in the notes section, who later disclosed that they had been separated from a parent once they entered our care.

### **4. During the hearing, witnesses discussed the need for an integrated data system to track separated families across agencies. In your opinion, what information should be included in such an integrated data system and what information should not be included in the data system?**

- a. The current data tracking system (UC Portal) used by UC service providers is specific to individuals who are identified by CBP as Unaccompanied Children, and therefore relates only to minors. Any tracking system used for refugees/migrants who are above the age of 18 is not able to communicate with the UC Portal. For family separations, this means that if a CBP official determines that separation of a child from parent or caregiver is warranted, and enters them into the UC Portal as unaccompanied, service providers have no way of identifying why a separation occurred unless it is noted. In addition, no consistent method exists for parents who are logged in a CBP tracking system to be associated with their child in the UC Portal. This has left UC programs dependent on CBP to properly communicate reasons for separation and parent location.
- b. An integrated system between ORR’s UC Portal and CBP could connect children who are separated from their parents for any reason. It would be beneficial for caregivers of UC to have live updates on the cases of their clients’ parents or caregiver, as well as access to the process for determining separation warranty. In addition, it would be important to establish appropriate firewalls that assure the confidentiality of a child and their sponsor’s social work record.

- c. Beside the need for a system that communicates active case updates between CBP and ORR, separations are not consistently or properly documented. UC programs have received referrals for clients who are labeled as separated but without rationale. I recommended the implementation of a system – aligned with child welfare values – that documents the process of deciding to separate and post-separation.
- d. A database that allowed for tracking of UC after they are discharged from the UC program could allow for better assessment of program success. If communication was viable between UC programs and programs/advocates local to the reunified UC, collaboration could take place to ensure the UC is successful in their new placement—including successful in complying with court dates. Currently, UC program staff are unable to have communication of any kind with UC who have discharged their program beside one phone call after 30 days, unless they have been contracted by ORR to provide post-release services. The documentation of this phone call is done via spreadsheets and is not well tracked in a larger database. Using updated technology for the connection between reunified UC and UC program staff could show trends in successes and failures.
- e. It is valuable to share any information that enhances the ability of UC caregivers to understand the history of the child and their families. For example, CBP evaluations of parents should be shared with UC programs. In addition, any information gathered by UC caregivers indicating harm to the child ought to be shared with proper investigative entities, as necessary.
- f. ORR should not share collected information that is therapeutic or gathered during case management sessions with UC or sponsor. This could be used against sponsors for immigration enforcement purposes.

**The Honorable Brett Guthrie (R-KY)**

- 5. In your testimony, you note that ORR generally does a good job of ensuring that separated children have access to services including an education, mental health services, medical care, legal services, and post-release services. Can you describe the general condition of the children that Bethany has cared for over the past twenty years upon arriving in the United States?**

The children that enter Bethany's care upon arriving to the U.S. often come scared, timid, and weary. Most often, children arrive with very few possessions, often just the clothes on their backs, but sometimes with a small backpack with important items such as birth certificates, phone numbers, medication, or a cell phone. It is usually clear when children arrive that they have gone days without a shower, proper water, and proper meals. We generally are met with questioning eyes and faces who are unsure about whether they can

trust us. Immediately upon arrival, we offer to facilitate a phone call to any family member. Children are often distraught and tired after the day of travel to our location but eager to hear the comforting voice and reassurance from family. This also provides Bethany workers with an opportunity to orient both the child and their family to the program and what is to come.

**a. What effect has their journey to the United States had on their physical and mental well-being?**

If a child has a chronic health concern, the symptoms are often exacerbated throughout the journey. Poor hygiene, lack of ongoing medical care, and additional physical and emotional trauma resulting from community violence, during and after flight from their home country, tend to result in acute health concerns. This is true for both their physical and mental well-being. Children who have been subject to the physical and mental trauma of trafficking or who have been physically/sexually assaulted prior to or during flight need immediate medical and mental health services upon arrival.

A child often has unexpressed feelings of guilt and shame when he/she arrives to the program; they feel sad about being caught or making their family come forward and risk their safety and livelihood to be a sponsor. Through clinical sessions and program orientation, we attempt to alleviate this stress and allow for the children to regain a sense of safety, all while educating sponsors on the benefits of the programming and resources available to them

It is critically important for caregivers, mental health providers, and physical health providers to understand that children have most likely experienced physical and mental trauma prior to flight and that it is this experience that led to the decision to flee their home country. Thus, pre-flight history is critical to treatment since it is highly likely to be untreated to this point.

**b. Can you elaborate on the education, mental health services, medical care, legal services, and post-release services that Bethany provides to these children?**

- i. Children are provided with educational programming 5 days a week for 6 hours each day, year around. We have created a school-like atmosphere where teachers are trained to care for traumatized children, with a curriculum of classes offered to UC children in Spanish (or with interpretation services in their native language) such as math, science, art, reading and writing, and English language learning. Children take an educational assessment within 72 hours of arrival to assist in placing them in a grade. This allows for children to learn and understand what a public school might look and feel like, to better

prepare them for once they reunify with their family and begins school.

- ii. Children are provided with a minimum of one hour a day of gross motor activity consistent with their age and development, including but not limited to time on a playground, playing soccer, basketball, gym time, etc.
- iii. Each child is assigned a bilingual clinician upon arrival to the program. The clinician completes an initial assessment with the children within 48 hours to ensure the child is safe and to assess any urgent mental health concerns. The clinician continues to meet with each child individually a minimum of one session per week. Clinicians often facilitate family therapy sessions using video chat technology to incorporate the child's family into the mental health goals and treatment plan of that child. Each week, the children attend two sessions of group therapy led by an onsite clinician. Clinical services are increased dependent on the needs of the child and their family.
- iv. Bethany facilitates all initial medical appointments for incoming children at local medical providers within 48 hours of their arrival. Their first appointment is a general child well-being appointment, completion of their immunizations and any lab testing that the doctor might recommend. Bethany staff ensures the completion of any follow up appointments, treatment or medication as prescribed or recommended by the physician. Should a child need urgent services while in care at Bethany, urgent care services are sought at a local hospital to ensure all the child's medical needs are met. All medical service history while in our care, including health care recommendations, is provided to the sponsor upon reunification to assist in obtaining health care for the child.
- v. Each child attends a minimum of two legal service meetings while in care at Bethany, provided by the ORR contracted VERA legal provider. In the first meeting, called "Know Your Rights", an attorney meets with a group of newly arrived children to explain what their rights are in Bethany's programming and their rights as an immigrant in the U.S. The child then attends an individual meeting with an attorney who completes a legal screening, hears their story, and assesses any options for legal relief. Should the child have any questions or seek out legal counsel during their time in care, an additional meeting is arranged for the youth with an attorney. All legal documentation, including the recommendation, is then provided to the sponsor upon reunification to assist in obtaining legal representation for the child.

- vi. Bethany provides Post Release Services (PRS) to children and their families post-reunification. These services are contracted for families who are assessed and deemed appropriate and safe but that might need assistance with navigating community resources to obtain mental health services, follow up medical services, or any type of post-reunification support. When PRS is approved by ORR and secured for a family, it ensures the family a case manager for six months after reunification.
- c. **We've heard that the ORR program is a trauma informed program. Can you provide information regarding any training that Bethany Christian Services' staff have in order to care for an inherently traumatized population?**
- i. Bethany is certified in the **Sanctuary Model** of care. Sanctuary is a theory-based, trauma-informed, trauma-responsive, evidence-supported, whole culture approach that has a clear and structured methodology for creating or changing an organizational culture. Sanctuary is a framework from which to better understand trauma – when children act out or display what people might label “bad behavior”- we ask ourselves, “what has happened to them?” rather than, “what is wrong with them?” To support our certification in Sanctuary, each staff undergoes three full day training to understand the seven pillars of Sanctuary, how trauma affects the brain, and to understand why it is important to acknowledge trauma in each one of us.
  - ii. **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** is an evidence-based treatment for children and adolescents impacted by trauma. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple, and complex trauma experiences. Bethany clinicians undergo training in TF-CBT. Due to the transitional nature of the program, clinical interventions are accompanied by substantial time spent on assessment, family engagement and facilitating adjustment for the child. Therefore, the modality closely informs the clinical work done while children are in care. TF-CBT provides a knowledge base of psycho-education techniques, a trauma responsive process, and family therapy components that guide the interventions utilized with children placed with Bethany.
  - iii. **Mindfulness** is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us. Staff have gone through an implemented mindfulness course and learned techniques to assist in promoting mindfulness with clients. This is a tool to help youth deal with anxiety symptoms and hyper vigilance



that are intrusive symptoms from having experienced trauma.

- iv. **Dialectical Behavioral Therapy (DBT)** is a modified form of Cognitive Behavioral Therapy that uses traditional cognitive-behavioral techniques, but also implements other skills like mindfulness, acceptance, and tolerating distress. It is particularly effective with youth who are engaging in self-harming behaviors. Our clinicians attend DBT trainings and use those strategies to help children develop positive coping skills and combat stress and trauma.
- v. **CPI Nonviolent Crisis Intervention** is a behavior management system based on the philosophy of providing the best care, welfare, safety, and security for staff and those in their care, even during the most violent moments. The program focuses on preventing disruptive behavior by communicating with youth respectfully and with concern for their well-being. The program teaches physical interventions to be used only as a last resort (when a youth presents an imminent danger to self or others) and all physical interventions taught are designed to be non-harmful, non-invasive, and to maintain the youth's dignity. This approach includes follow-up debriefing strategies to protect the integrity of the relationship of the client and staff. All staff are certified through two full days of training each year, where they are taught the theories, are prompted to use de-escalation skills and practice disengagement and physical interventions.

**6. It is my understanding that ORR grantees can differ in their model. Can you please describe Bethany Christian Services' model for their UAC population and how it is different than some of the other grantees?**

In general, ORR has four models of care for unaccompanied children, listed below in order from the most restrictive to the least restrictive:

1. **Influx Shelter** – In 2018, influx shelters in Texas and Florida housed more than 2,300 children. The shelter in Texas closed; however, the shelter in Florida is still operational. The grounds are heavily guarded, and children cannot leave the premises. Children living there have limited access to medical care and educational programming, as these basic services are not required in influx shelters.
2. **Large Shelter - Dorm-style** facilities can house up to 1,500 children with residential staff always present. Children do not leave the premises, but they are offered recreational, medical and educational opportunities on-site.
3. **Small Group Home** - Children live in family like group housing with other unaccompanied children and is staffed 24/7. Children participate in community outings





and activities with the group after daily, on-site they are offered recreational, medical and educational opportunities on-site. Bethany provides this service.

4. Temporary Foster Family Care - Individual children under the age of 13, sibling groups, and children over 13 who are pregnant, have a young child, or special needs are placed in licensed foster homes and are cared for and kept safe in families. Foster care provides children with opportunity to be part of a community. Bethany provides this service.

Congress directed that each unaccompanied child must “be promptly placed in the least restrictive setting that is in the best interest of the child.” (8 U.S.C. § 1232(b)(2)).

As an organization that believes children belong in families and consistent with Congress’ mandate that children, when they cannot be with a parent or family member, be placed in the least restrictive setting that is in their best interest, Bethany provides Transitional Foster Care for unaccompanied children. The goals of this program are two-fold. First, we ensure that children who have fled for their lives are cared for and kept safe in temporary foster families. Then, as soon as children enter our care, we immediately begin the process of locating their families and begin facilitating reunification. Our mission always has been—and always will be—to quickly and safely reunify children with their families. In fact, Bethany has helped reunify more than 5,000 unaccompanied children with their families in the last five years.

For children 13 and older, HHS policy requires group supervised care. For identified youth who need additional supervision and whose needs cannot be provided in a foster care setting, community-based care models like small group homes are better alternatives to large-scale institutions. In small group homes, older children live in shared housing with other youth their age and have freedoms that may not be available in large-scale institutions such as community outings, group activities, individualized treatment plans, individual and group counseling, and intensive case management. Evidence based, trauma informed models of care can help ensure that youth in smaller shelters receive the best care possible.

Family and community-based care models are often significantly more affordable than influx and large group shelters – often less than half the cost.

## **7. What is Bethany Christian Services’ total bed capacity for unaccompanied alien children?**

As of March 13, 2019, Bethany’s bed capacity is 123 children. Bethany recently received approval from ORR to expand bed capacity to 210 children and that expansion is in progress.

- a. **Given ORR’s longstanding need for additional bed capacity, does Bethany Christian Services have the capacity to provide additional beds for UAC?**



Yes. It is Bethany's belief that the family-centered model of care we provide through transitional foster care is in the best interest of children—superior to the large shelter model which currently holds the most UC beds. Having available foster homes as a resource requires a commitment to long term capacity development and management.

**b. If so, how many additional beds is Bethany prepared to add to its overall capacity for UAC?**

In addition to the 210 beds that Bethany is approved for, we are prepared to provide 84 more by the end of this 2019. Bethany is committed to expanding the locations and numbers of foster homes available to unaccompanied children.